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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 10/069721		FILING DATE		
							APPLICANT(S)				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		1			53				
4		3		1			54				
5		3		1			55				
6		3		1			56				
7		3		1			57				
8		3		1			58				
9	1		1				59				
10		1		1			60				
11		1		1			61				
12		3		1			62				
13		3		1			63				
14		3		1			64				
15				1			65				
16				1			66				
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18				1			68				
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46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.			2				TOTAL IND.				
TOTAL DEP.			16				TOTAL DEP.				
TOTAL CLAIMS			18				TOTAL CLAIMS				